

RECOMMENDATIONS FOR ASIAN TSUNAMI MISSION

DEPLOYMENT PREPARATIONS:

- Pre and post deployment health assessments must be conducted by a trained Health Care Provider (HCP) defined as physician, physician assistant, nurse practitioner, or independent duty health services technician, using DD 2795 Pre-Deployment Health Assessment (http://amsa.army.mil/deploy_surv/DD2795_Pre_Deploy.pdf) and DD 2796 Post Deployment Health Assessment (http://amsa.army.mil/deploy_surv/DD2796_v20030429.pdf). Positive responses must be referred to a medical officer (MO) for evaluation.
- Medical readiness must include a current qualifying physical exam and all required immunizations/ screening tests, including G6PD and DNA on file and HIV and PPD tests within 1 year. Dental status must be current class 1 or 2.
- MO or Safety Environmental Health Officer (SEHO) will provide health threat and preventive medicine countermeasures training to deploying units. Training will include all information in the following paragraphs.
- Further information may be found at the Operational Medicine website: <http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm>.

VACCINATIONS:

- Hepatitis A and B – Both are required for all CG members.
- Typhoid (injectable Typhim Vi preferred) – Particularly important because of the presence in this region of *S. typhi* strains resistant to multiple antibiotics.
- Tetanus-Diphtheria – Must be current within 10 years.
- Polio – All members should have an adult dose on record, or should get one if not.
- Influenza – All deploying members should have a 2004 dose of either FluMist or FluZone. (Note: FluMist requires grounding for 7 days for those on flight status)
- Japanese Encephalitis Vaccine – May be recommended depending upon location and mission. Check with G-WKH-1 for guidance.

VECTOR (INSECT) TRANSMITTED DISEASES:

Dengue Fever, Japanese Encephalitis, and Malaria are the major vectorborne risks in the region. All are potentially fatal or capable of debilitating unprotected personnel for a substantial time period. Although some vector breeding habitats may have been wiped out by the tsunami, endemic transmission has not been disrupted. Standing water from the tsunami is also likely to increase vector issues over time. *Plasmodium vivax* and chloroquine resistant *P. falciparum* exist in areas throughout the region.

- Prevention via personal protective measures is critical. See <http://chppm-www.apgea.army.mil/ento/facts/DODInsectRepellentSystem.pdf>. Personal protective countermeasures, to include bed nets, malaria chemoprophylaxis, DEET-containing insect repellent, and permethrin for treating clothing and bed netting, shall be provided to deploying units.

- Decision to use malaria pre- and post-exposure chemoprophylaxis will be made by the cognizant MLC(k) or G-WKH-1 and will be based on the mission details once they are known.
- Malaria chemoprophylaxis consists of Doxycycline (Mefloquine for persons with medical contraindications for Doxycycline). Prescribing information can be found at <http://www.cdc.gov/travel/malariadrugs2.htm>. The deploying unit should carry enough malaria chemoprophylaxis to cover the crew for 45 days.

WATERBORNE DISEASES:

Sanitation problems are likely to increase the risk of diarrheal diseases such as dysentery, cholera, and Hepatitis A and E. Local food and water sources (including ice) may be contaminated with pathogenic bacteria, parasites, and viruses to which most US forces lack natural immunity. CG members should only consume food or drink they have brought along or provided by US military. They should not eat or drink on the local economy. Even bottled water in the local area cannot be assumed safe. Surface water is also likely contaminated with human and animal waste, to which exposure can lead to bacterial or fungal skin conditions. Personal hygiene is imperative, with emphasis on frequent hand-washing.

INJURY PREVENTION:

- Heat and sun injury prevention: Drink water and non-caffeinated fluids frequently to avoid dehydration. Clear or light yellow urine typically indicates adequate hydration. Adhere to safe work/rest cycles during extreme conditions. Ensure careful observations of unit personnel to detect warning signs of heat injury such as mental status changes and cessation of sweating. Sun injury precautions include sun glasses, hats, long sleeves and trousers, and liberal use of at least SPF 15 sunscreen and lip balm.
- Hazardous plants or animals: Hazardous plants are difficult to identify. Do not ingest wild plants and avoid direct contact with leaves if possible. Prevention of snake bites is important as US antivenins may not protect against Asian snake bites. Individuals entering tropical waters should avoid walking on coral or coral rubble without protective footwear. Sea urchins and fire coral are found in many tropical waters and can cause painful or dangerous wounds.
- Motor vehicle and general safety: Use seat belts and exercise extreme caution in and around vehicles. Workers handling debris in flooded areas need protective gear to avoid wounds from sharp edges, nails, and other debris related injuries. Based on lack of proper sanitation, clean water, and medical infrastructure, members are to be vigilant in injury prevention activities.

SEXUALLY TRANSMITTED DISEASES:

The region has high prevalences of HIV and Hepatitis B and an increasing drug-resistant gonorrhea risk. Abstinence is the only completely safe practice and strongly recommended. Barrier protection through condom use is to be trained and encouraged for all forces.

OTHER DISEASE CONSIDERATIONS:

A variety of foreign viral and bacterial agents present risks for widespread acute respiratory infections. Measles is expected to be a large problem among displaced persons, but our members should already have been vaccinated. Rodents, snakes, and other animals may also pose a greater risk in the aftermath of a tsunami. The impact of disease for displaced persons will be seriously compounded by the lack of basic health care, and declines in nutritional status. If the CG mission is strictly to provide supplies, transmissibility is the main concern regarding the health of displaced person. Providing medical care to locally affected population is another mission entirely and needs more specific guidance for medical supplies, treatment issues, and local infrastructure information. Ensure crews take along enough medical supplies, fresh water and non-perishable food to sustain their needs. Local infrastructure is still damaged, so electricity, communications, and medical supplies will not likely be available. As previously stated, local food and water should not be used.

POINTS OF CONTACT:

Points of contact will be the cognizant MLC(k) or G-WKH-1.